DELAWARE STATE BOARD OF PHARMACY
AFFIDAVIT OF INTERN EXPERIENCE

State of _____)

County of_____)

I, _____ , being duly sworn, deposes and says that I am a

registered pharmacist in good standing with the _____ Board of Pharmacy, certificate number _

_____ . I am employed at _____ , permit number

_____ .

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I further depose and say that _____ , an applicant for examination before the

Delaware State Board of Pharmacy is of good moral character, and has obtained the following hours of

professionally oriented experience in the practice of Pharmacy, under my supervision at the above pharmacy:

Dates working hours accrued

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

*Total hours worked_____

*Foreign pharmacy graduates must earn the above hours <u>after</u> the date of certification by FPGEC.

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I further assess the applicant's professional development in Pharmacy Practice as demonstrated <u>at the end</u> of the

experience period under my supervision, by using the following PERFORMANCE CRITERIA (LETTERS A-E) .

. . . .

A.   Intern is able to perform this activity very effectively without supervision. Intern is fully prepared to
        assume this responsibility in practice.

B.   Intern requires <u>only</u> <u>occasional</u> supervision to perform this activity effectively.

C.   Intern is slow and/or <u>requires frequent supervision</u> to perform this activity. Intern needs additional
        experience to assume this responsibility in practice.

D.   Intern makes significant mistakes on a regular basis, <u>but may demonstrate an</u> understanding of the
        concepts.

E.   Intern is either unable to perform or insufficiently prepared to perform this activity.

(ALL AFFIDAVITS OF EXPERIENCE MUST BE UPON THIS OFFICIAL FORM)

EVALUATE INTERN PERFORMANCE IN THE FOLLOWING 9 PRACTICE AREAS:

This is an evaluation sheet to alert the intern to weaknesses or any problem areas.

1)   The intern's ability to apply knowledge of state and federal pharmacy law in the dispensing of medications:

                    A   B   C   D   E

2)   The Intern's ability to apply knowledge of Pharmacy Law in the acquisition (DEA order form) and distribution of
        controlled substances:

                    A   B   C   D   E

3)   The Intern's ability to dispense medications from prescription orders, to include order interpretation, product
        selection, labeling and packaging:

                    A   B   C   D   E

4)   The Intern's ability to dispense (sterile & non-sterile) dosage forms requiring extemporaneous or bulk compounding:

                    A   B   C   D   E

5)   The Intern's ability to obtain and utilize patient-related information (i.e. patient profiles, interview, etc.) to insure
        patient safety and to minimize significant drug interactions and therapeutic incompatibilities:

                    A   B   C   D   E

6)   The Intern's ability to effectively consult with patients about their prescription drug therapy:

                    A   B   C   D   E

7)   The Intern's ability to perform basic triage functions with patients and to select and counsel patients on appropriate
        over-the-counter drugs or to refer patients to other health care providers:

                    A   B   C   D   E

            (AREA #7 IS OPTIONAL FOR HOSPITAL PHARMACY EXPERIENCE EXTERNS/INTERNS)

8)   The Intern's ability to maintain pharmacy records, to include DEA records, prescription files, patient profiles and
        counseling records:

                    A   B   C   D   E

9)   The Intern's ability to communicate with other health care professionals about patient therapy and/or drug
        information:

                    A   B   C   D   E

* If any above questions are not applicable, then refer to Intern Performance Evaluation Comment Sheet.

        I certify that the applicant's professional assessment AND recorded hours as indicated on this form is
        accurate, to the best of my ability.

                                        _____
                                                            Preceptor
Subscribed and Sworn before me
this _____ day of _____ _____.

_____(SEAL)

INTERN PERFORMANCE EVALUATION COMMENT SHEET

When the evaluation of performance statement is not applicable, please explain on this comment sheet.

For example, give an evaluation statement of the Intern's performance pertaining to experience in an alternate field of practice.

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